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| <b>TRANSMITTAL LETTER TO THE UNITED STATES<br/>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br/>CONCERNING A SUBMISSION UNDER 35 U.S.C. 371</b>  |  | ATTORNEY'S DOCKET NO.<br>5404/96                                       |
|  |  | U.S. APPLICATION NO. (If known, see 37 C.F.R. 1.5)<br><b>107521667</b> |
| INTERNATIONAL APPLICATION NO.<br>PCT/JP2003/008867   | INTERNATIONAL FILING DATE<br>July 11, 2003 | PRIORITY DATE CLAIMED<br>July 19, 2002                                 |
| TITLE OF INVENTION<br>PILE FABRIC  |  |  |
| APPLICANT(S) FOR DO/EO/US<br>Minoru Kuroda   |  |  |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:  |  |  |
| 1. <input checked="" type="checkbox"/> This is a FIRST submission of items concerning a filing under 35 U.S.C. 371<br>2. <input type="checkbox"/> This is a SECOND or SUBSEQUENT submission of items concerning a filing under 35 U.S.C. 371<br>3. <input checked="" type="checkbox"/> This express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9), and (21) indicated below.<br>4. <input type="checkbox"/> The US has been elected (Article 31).<br>5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2)).<br>a. <input type="checkbox"/> is transmitted herewith (required only if not transmitted by the International Bureau).<br>b. <input checked="" type="checkbox"/> has been transmitted by the International Bureau.<br>c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).<br>6. <input checked="" type="checkbox"/> An English translation of the International Application into English (35 U.S.C. 371(c)(2)).<br>a. <input checked="" type="checkbox"/> is attached hereto.<br>b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).<br>7. <input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3)).<br>a. <input type="checkbox"/> are transmitted herewith (required only if not transmitted by the International Bureau).<br>b. <input type="checkbox"/> have been transmitted by the International Bureau.<br>c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired.<br>d. <input checked="" type="checkbox"/> have not been made and will not be made.<br>8. <input type="checkbox"/> An English translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).<br>9. <input type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).<br>10. <input type="checkbox"/> An English translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)) and/or amendments under Article 34. |  |  |
| Items 11 to 20 Below concern other document(s) or information included:  |  |  |
| 11. <input type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98.<br>12. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.<br>13. <input checked="" type="checkbox"/> A preliminary amendment.<br>14. <input type="checkbox"/> An Application Data Sheet under 37 CFR 1.76.<br>15. <input type="checkbox"/> A substitute specification.<br>16. <input type="checkbox"/> A power of attorney and/or change of address letter.<br>17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821-1.825.<br>18. <input type="checkbox"/> A second copy of the published international application under 35 U.S.C. 154(d)(4).<br>19. <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).<br>20. <input checked="" type="checkbox"/> Other items or information: Return Receipt Postcard.  |  |  |

This collection of information is required by 37 CFR 1.414 and 1.491-1.492. The information is required to obtain or retain a benefit by the public, which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 12 and 37 CFR 1.11 and 1.14. This collection is estimated to take 15 minutes to complete, including gathering information, preparing, and submitting the completed form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop PCT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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| U.S. APPLICATION NO. <b>107521667</b> (known as 37 CFR 1.50) | INTERNATIONAL APPLICATION NO. | ATTORNEY'S DOCKET NO. |
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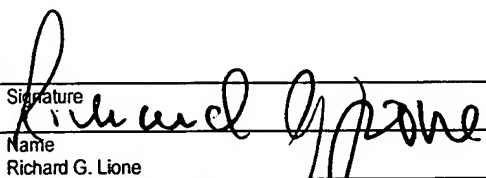
  

| <p>21. <input checked="" type="checkbox"/> The following fees are submitted:</p> <p><input checked="" type="checkbox"/> a) Basic national fee .....\$300.00</p> <p><input checked="" type="checkbox"/> b) Examination fee .....\$200.00</p> <p><input checked="" type="checkbox"/> c) Search Fee .....\$500.00</p> <p style="text-align: right;"><b>TOTAL OF ABOVE CALCULATIONS \$1000</b></p> <p><input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof.</p> <p>Surcharge of \$130.00 for furnishing the oath or declaration later than <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(e)).</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">Claims</th> <th style="width: 20%;">Number Filed</th> <th style="width: 20%;">Number Extra</th> <th style="width: 20%;">Rate</th> <th style="width: 20%;"></th> </tr> <tr> <td>Total Claims</td> <td>14- 20 =</td> <td>0</td> <td>x \$ 50.00</td> <td>\$0.00</td> </tr> <tr> <td>Independent Claims</td> <td>1- 3 =</td> <td>0</td> <td>x \$ 200.00</td> <td>\$0.00</td> </tr> <tr> <td>Multiple dependent claim(s) if Applicable</td> <td></td> <td>0</td> <td>+ \$360.00</td> <td>\$360.00</td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>TOTAL OF ABOVE CALCULATIONS =</b></td> <td><b>\$1360</b></td> </tr> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.</p> <p style="text-align: right;"><b>SUBTOTAL = \$1360</b></p> <p>Processing fee of \$130.00 for furnishing the English translation later than the <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(f)).</p> <p style="text-align: right;"><b>TOTAL NATIONAL FEE= \$1360</b></p> <p>Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31), \$40.00 per property +</p> <p style="text-align: right;"><b>TOTAL FEES ENCLOSED= \$1360</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"></td> <td style="width: 30%; text-align: center;">Amount to be refunded</td> <td style="width: 10%; text-align: center;">\$</td> </tr> <tr> <td></td> <td style="text-align: center;">charged</td> <td style="text-align: center;">\$</td> </tr> </table> | Claims                | Number Filed | Number Extra | Rate          |  | Total Claims | 14- 20 = | 0 | x \$ 50.00 | \$0.00 | Independent Claims | 1- 3 = | 0 | x \$ 200.00 | \$0.00 | Multiple dependent claim(s) if Applicable |  | 0 | + \$360.00 | \$360.00 | <b>TOTAL OF ABOVE CALCULATIONS =</b> |  |  |  | <b>\$1360</b> |  | Amount to be refunded | \$ |  | charged | \$ | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CALCULATIONS</th> <th style="width: 50%;">PTO USE ONLY</th> </tr> <tr> <td style="height: 100px;"></td> <td></td> </tr> </table> | CALCULATIONS | PTO USE ONLY |  |  |
|---|-----------------------|--------------|--------------|---------------|--|--------------|----------|---|------------|--------|--------------------|--------|---|-------------|--------|---|--|---|------------|----------|--------------------------------------|--|--|--|---------------|--|-----------------------|----|--|---------|----|--|--------------|--------------|--|--|
| Claims  | Number Filed          | Number Extra | Rate         |               |  |              |          |   |            |        |                    |        |   |             |        |   |  |   |            |          |                                      |  |  |  |               |  |                       |    |  |         |    |  |              |              |  |  |
| Total Claims  | 14- 20 =              | 0            | x \$ 50.00   | \$0.00        |  |              |          |   |            |        |                    |        |   |             |        |   |  |   |            |          |                                      |  |  |  |               |  |                       |    |  |         |    |  |              |              |  |  |
| Independent Claims  | 1- 3 =                | 0            | x \$ 200.00  | \$0.00        |  |              |          |   |            |        |                    |        |   |             |        |   |  |   |            |          |                                      |  |  |  |               |  |                       |    |  |         |    |  |              |              |  |  |
| Multiple dependent claim(s) if Applicable   |                       | 0            | + \$360.00   | \$360.00      |  |              |          |   |            |        |                    |        |   |             |        |   |  |   |            |          |                                      |  |  |  |               |  |                       |    |  |         |    |  |              |              |  |  |
| <b>TOTAL OF ABOVE CALCULATIONS =</b>  |                       |              |              | <b>\$1360</b> |  |              |          |   |            |        |                    |        |   |             |        |   |  |   |            |          |                                      |  |  |  |               |  |                       |    |  |         |    |  |              |              |  |  |
|   | Amount to be refunded | \$           |              |               |  |              |          |   |            |        |                    |        |   |             |        |   |  |   |            |          |                                      |  |  |  |               |  |                       |    |  |         |    |  |              |              |  |  |
|   | charged               | \$           |              |               |  |              |          |   |            |        |                    |        |   |             |        |   |  |   |            |          |                                      |  |  |  |               |  |                       |    |  |         |    |  |              |              |  |  |
| CALCULATIONS  | PTO USE ONLY          |              |              |               |  |              |          |   |            |        |                    |        |   |             |        |   |  |   |            |          |                                      |  |  |  |               |  |                       |    |  |         |    |  |              |              |  |  |
|   |                       |              |              |               |  |              |          |   |            |        |                    |        |   |             |        |   |  |   |            |          |                                      |  |  |  |               |  |                       |    |  |         |    |  |              |              |  |  |

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| <p>a. <input checked="" type="checkbox"/> A check in the amount of <u>\$1360</u> to cover the above fees is enclosed.</p> <p>b. <input type="checkbox"/> Please charge my Deposit Account No. 23-1925 in the amount of \$_____ to cover the above fees. A duplicate copy of this sheet is enclosed.</p> <p>c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 23-1925. A duplicate copy of this sheet is enclosed.</p> <p>d. <input type="checkbox"/> Fees are to be charged to a credit card. <b>WARNING:</b> Information on this form may become public. <b>Credit card information should not be included on this form.</b> Provide credit card information and authorization on PTO-2038.</p> | <p>NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.</p> |
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| <p>Send All Correspondence to:</p> <p style="text-align: center;">Brinks Hofer Gilson &amp; Lione<br/>P.O. Box 10395<br/>Chicago, IL 60610</p> <p>Customer Number 00757 (Brinks Hofer)</p> | <p style="text-align: center;"> <br/>       Signature<br/>       Name<br/>       Richard G. Lione<br/>       Registration Number 19,795     </p> |
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